

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007637

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

71

STATE FILE NUMBER

FILED MAR 4 1963

1. PLACE OF DEATH

a. COUNTY

MARION

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

HANNIBAL

Length of stay in 1b

3 WKS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. ELIZABETH Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

PIKE

admission)

c. CITY
OR TOWN

FRANKFORD

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

JAMES

Middle

EDWARD

Last

FOUTES

4. DATE
OF DEATH

Month

FEB

Day

25

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

1/6/1897

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR
Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RET. CIVIL SERVICE EMPLOYEE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

FRANKFORD Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CHARLES EDWARD FOUTES

13b. MOTHER'S MAIDEN NAME

NANCY NICHOLS

14. NAME OF HUSBAND OR WIFE

MRG. LEE HOUGHINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

(If yes, give war or dates of service)

Yes ☒ No ☐ Unknown ☐

16. SOCIAL SECURITY NO.

346

17. INFORMANT

MRG. LEE HOUGHINS

Address

FRANKFORD Mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Lobar pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

3 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Lymphoblastic lymphosarcoma with generalized
metastasis

2 months

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/22/62 to 2/25/63 and last saw him alive on 2/24/63
Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Hannibal, Missouri

22c. DATE SIGNED

2/26/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

2/27/1963

23c. NAME OF CEMETERY OR CREMATORY

FAIRVIEW CEMETERY

23d. LOCATION (City, town, or county)

FRANKFORD

(State)

Mo

24. FUNERAL DIRECTOR

MEGOWN FUNERAL HOME

ADDRESS

FRANKFORD Mo

25. DATE RECD. BY LOCAL REG.

Feb. 28, 1963

26. REGISTRAR'S SIGNATURE

Dr. E. M. Lucke by Lillian M. Skerman

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

DATE AMENDED

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APR 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Irene Fields Meyerson

Licensed Embalmer No. 4093

P. O. Address Frankford Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Bernie's records 2/28/63